

Receipt
1 Feb

01P
JUN 17 2004
PATENT & TRADEMARK OFFICE

~~~~~

~~Signature~~

## Page 1 of 1



## UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS  
UNITED STATES PATENT AND TRADEMARK OFFICE  
WASHINGTON, D.C. 20231  
www.uspto.gov

| APPLICATION NUMBER | FILING DATE | GRP ART UNIT | FIL FEE REC'D | ATTY. DOCKET NO      | DRAWINGS | TOT CLAIMS | IND CLAIMS |
|--------------------|-------------|--------------|---------------|----------------------|----------|------------|------------|
| 09/862,531         | 05/22/2001  | 2651         | 710           | 00-383<br>1496.00088 | 3        | 19         | 3          |

CONFIRMATION NO. 1217

## FILING RECEIPT



\*OC000000006314685\*

GARY B. GOATES  
Intellectual Property Law Department  
LSI Logic Corporation  
1551 McCarthy Boulevard, M/S D-106  
Milpitas, CA 95035

Date Mailed: 07/19/2001

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. **If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).**

## Applicant(s)

Paul A. Brierley, Bolton, UNITED KINGDOM;

## Assignment For Published Patent Application

LSI LOGIC CORPORATION;

## Domestic Priority data as claimed by applicant

## Foreign Applications

UNITED KINGDOM 0026121.4 10/25/2000

If Required, Foreign Filing License Granted 07/18/2001

Projected Publication Date: 04/25/2002

Non-Publication Request: No

Early Publication Request: No

## Title

Apparatus and method for detecting a predetermined pattern of bits in a bitstream

**Preliminary Class**

369

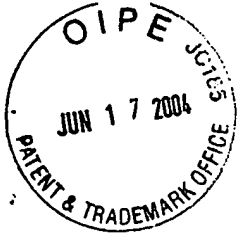
---

**Data entry by :** VORACHACK, CHUNTASORN

**Team :** OIPE

**Date:** 07/19/2001





**LICENSE FOR FOREIGN FILING UNDER  
Title 35, United States Code, Section 184  
Title 37, Code of Federal Regulations, 5.11 & 5.15**

**GRANTED**

The applicant has been granted a license under 35 U.S.C. 184, if the phrase "IF REQUIRED, FOREIGN FILING LICENSE GRANTED" followed by a date appears on this form. Such licenses are issued in all applications where the conditions for issuance of a license have been met, regardless of whether or not a license may be required as set forth in 37 CFR 5.15. The scope and limitations of this license are set forth in 37 CFR 5.15(a) unless an earlier license has been issued under 37 CFR 5.15(b). The license is subject to revocation upon written notification. The date indicated is the effective date of the license, unless an earlier license of similar scope has been granted under 37 CFR 5.13 or 5.14.

This license is to be retained by the licensee and may be used at any time on or after the effective date thereof unless it is revoked. This license is automatically transferred to any related applications(s) filed under 37 CFR 1.53(d). This license is not retroactive.

The grant of a license does not in any way lessen the responsibility of a licensee for the security of the subject matter as imposed by any Government contract or the provisions of existing laws relating to espionage and the national security or the export of technical data. Licensees should apprise themselves of current regulations especially with respect to certain countries, of other agencies, particularly the Office of Defense Trade Controls, Department of State (with respect to Arms, Munitions and Implements of War (22 CFR 121-128)); the Office of Export Administration, Department of Commerce (15 CFR 370.10 (j)); the Office of Foreign Assets Control, Department of Treasury (31 CFR Parts 500+) and the Department of Energy.

**NOT GRANTED**

No license under 35 U.S.C. 184 has been granted at this time, if the phrase "IF REQUIRED, FOREIGN FILING LICENSE GRANTED" DOES NOT appear on this form. Applicant may still petition for a license under 37 CFR 5.12, if a license is desired before the expiration of 6 months from the filing date of the application. If 6 months has lapsed from the filing date of this application and the licensee has not received any indication of a secrecy order under 35 U.S.C. 181, the licensee may foreign file the application pursuant to 37 CFR 5.15(b).

**PLEASE NOTE the following information about the Filing Receipt:**

- The articles such as "a," "an" and "the" are not included as the first words in the title of an application. They are considered to be unnecessary to the understanding of the title.
- The words "new," "improved," "improvements in" or "relating to" are not included as first words in the title of an application because a patent application, by nature, is a new idea or improvement.
- The title may be truncated if it consists of more than 500 characters (letters and spaces combined).
- The docket number allows a maximum of 25 characters.
- If your application was submitted under 37 CFR 1.10, your filing date should be the "date in" found on the Express Mail label. If there is a discrepancy, you should submit a request for a corrected Filing Receipt along with a copy of the Express Mail label showing the "date in."
- The title is recorded in sentence case.

Any corrections that may need to be done to your Filing Receipt should be directed to:

Assistant Commissioner for Patents  
Office of Initial Patent Examination  
Customer Service Center  
Washington, DC 20231



# POST OFFICE TO ADDRESSEE



EL 751188560 US

## ORIGIN (POSTAL USE ONLY)

|                                                                                  |                                                                                              |                                                |
|----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|------------------------------------------------|
| PO ZIP Code<br><b>48026</b>                                                      | Day of Delivery<br><input checked="" type="checkbox"/> First <input type="checkbox"/> Second | Flat Rate Envelope<br><input type="checkbox"/> |
| Date In<br><b>5-21-01</b>                                                        | <input type="checkbox"/> 12 Noon <input type="checkbox"/> 3 PM                               | Postage<br><b>\$ 12.25</b>                     |
| Time In<br><b>16:08</b>                                                          | <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day                            | Return Receipt Fee<br><input type="checkbox"/> |
| Weight<br><b>8</b> lbs                                                           | Intl Alpha Country Code                                                                      | COD Fee Insurance Fee                          |
| No Delivery<br><input type="checkbox"/> Weekend <input type="checkbox"/> Holiday | Acceptance Clerk Initials<br><b>MC</b>                                                       | Total Postage & Fees<br><b>\$ 12.25</b>        |

SEE REVERSE SIDE FOR  
SERVICE GUARANTEE AND LIMITS  
ON INSURANCE COVERAGE

☐ WAIVER OF SIGNATURE (Domestic Only): Additional merchandise insurance is void if waiver of signature is requested. (Wish delivery to be made without obtaining signature of addressee or addressee's agent. If delivery employee judges that article can be left in secure location and I authorize that delivery employee's signature constitutes valid proof of delivery.)

NO DELIVERY ☐ Weekend ☐ Holiday

Customer Signature \_\_\_\_\_

## CUSTOMER USE ONLY

### METHOD OF PAYMENT

Express Mail Corporate Acct. No.

Federal Agency Acct. No. or  
Postal Service Acct. No.

### FROM: (PLEASE PRINT)

PHONE

CHRISTOPHER P. MAJURANA PC  
2409A GREATER WACK TWE STN 200  
SAINT-CLAIR SHORES MI 48080-4512

### TO: (PLEASE PRINT)

PHONE

US PATENT APPLICATION  
ASSISTANT COMMISSIONER  
FOR PATENTS  
WASHINGTON, DC 20231-0001

DOCKET: 1496.00088

FOR PICKUP OR TRACKING CALL 1-800-222-1811 [www.usps.com](http://www.usps.com)



Customer Copy  
Label 11-F August 2000

Please date stamp and return this Postcard  
knowledging receipt of the following:

Patent Application Transmittal (2 pages in duplicate);  
Specification (16 pages); Claims (6 pages); Abstract (1  
page); 3 sheets of drawings; Declaration (2 pages);  
Assignment (1 page); PTO-1595 (1 page in duplicate).

Applicant: Paul A. Brierley  
For: APPARATUS AND METHOD  
FOR DETECTING A  
PREDETERMINED PATTERN  
OF BITS IN A BITSTREAM

Filing Date: Herewith  
Attorney: CPM  
Docket No: 00-383/1496:00088

1036 U.S. PTO  
09/862531



05/22/01

Via Express Mail, Label No. EL751188560US, on May  
21, 2001.



Please date stamp and return this Postcard  
acknowledging receipt of the following:

Patent Application Transmittal (2 pages in duplicate);  
Specification (16 pages); Claims (6 pages); Abstract (1  
page); 3 sheets of drawings; Declaration (2 pages);  
Assignment (1 page); PTO-1595 (1 page in duplicate).

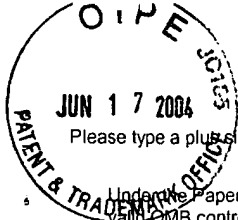
Applicant: Paul A. Brierley  
For: APPARATUS AND METHOD  
FOR DETECTING A  
PREDETERMINED PATTERN  
OF BITS IN A BITSTREAM

Filing Date: Herewith  
Attorney: CPM  
Docket No: 00-383/1496.00088

11036 U.S. PTO  
09/862531



Via Express Mail, Label No. EL751188560US, on May  
21, 2001.



JUN 17 2004

Please type a plus sign (+) inside this box



PTO/SB/21 (12/97)

Approved for use through 9/30/2000. OMB 0651-0031  
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

|                                                                                                                                                                                                                                  |                                                                                      |                                                                                            |                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|---------------------|
| <b>TRANSMITTAL FORM</b><br>(to be used for all correspondence after initial filing)                                                                                                                                              | Application Number                                                                   | 09/862,531                                                                                 |                     |
|                                                                                                                                                                                                                                  | Filing Date                                                                          | May-21, 2001                                                                               |                     |
|                                                                                                                                                                                                                                  | First Named Inventor                                                                 | Paul Brierley                                                                              |                     |
|                                                                                                                                                                                                                                  | Group Art Unit                                                                       | 2133                                                                                       |                     |
|                                                                                                                                                                                                                                  | Examiner Name                                                                        | Dildine, R. Stephen                                                                        |                     |
| Total number of pages in this submission                                                                                                                                                                                         | 7                                                                                    | Attorney Docket Number                                                                     | 1496.00088 / 00-383 |
| <b>ENCLOSURES</b> (check all that apply)                                                                                                                                                                                         |                                                                                      |                                                                                            |                     |
| <input type="checkbox"/> Fee Transmittal Form                                                                                                                                                                                    | <input type="checkbox"/> Assignment Papers                                           | <input type="checkbox"/> After Allowance Communication to Group                            |                     |
| <input type="checkbox"/> Fee Attached                                                                                                                                                                                            | <input type="checkbox"/> Drawing(s)                                                  | <input type="checkbox"/> Appeal Communication to Board of Appeals and                      |                     |
| <input type="checkbox"/> Amendment/Response                                                                                                                                                                                      | <input type="checkbox"/> Licensing-related Paper                                     | <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) |                     |
| <input type="checkbox"/> After Final                                                                                                                                                                                             | <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition | <input type="checkbox"/> Proprietary Information                                           |                     |
| <input type="checkbox"/> Affidavits(s)/declaration(s)                                                                                                                                                                            | <input type="checkbox"/> To Convert a Provisional Application                        | <input type="checkbox"/> Status Letter                                                     |                     |
| <input type="checkbox"/> Extension of time reques                                                                                                                                                                                | <input type="checkbox"/> Power of Attorney, Change of Correspondence Address         | <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below):       |                     |
| <input type="checkbox"/> Express Abandonment Reques                                                                                                                                                                              | <input type="checkbox"/> Terminal Disclaimer                                         | 1. Copy of original filing receipt.                                                        |                     |
| <input type="checkbox"/> Information Disclosure Statemen                                                                                                                                                                         | <input type="checkbox"/> Small Entity Statement                                      | 2. Return address postcard for PTO mailroom to date stamp.                                 |                     |
| <input type="checkbox"/> Certified Copy of Priority Document(s)                                                                                                                                                                  | <input type="checkbox"/> Request for Refund                                          |                                                                                            |                     |
| <input type="checkbox"/> Response to Missing Parts/Incomplete Application                                                                                                                                                        | Remarks                                                                              | Request for Correction of Filing Date                                                      |                     |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53                                                                                                                                                     |                                                                                      |                                                                                            |                     |
| <b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</b>                                                                                                                                                                                |                                                                                      |                                                                                            |                     |
| Individual Name                                                                                                                                                                                                                  | Peters, Leo - [+1] 408-433-4578                                                      |                                                                                            |                     |
| Signature                                                                                                                                                                                                                        |                                                                                      |                                                                                            |                     |
| Date                                                                                                                                                                                                                             | June 10, 2004                                                                        |                                                                                            |                     |
| <b>CERTIFICATE OF MAILING</b>                                                                                                                                                                                                    |                                                                                      |                                                                                            |                     |
| I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: June 10, 2004 |                                                                                      |                                                                                            |                     |
| Typed or printed name                                                                                                                                                                                                            | Manu Kashyap                                                                         |                                                                                            |                     |
| Signature                                                                                                                                                                                                                        |                                                                                      | Date                                                                                       | 6/10/04             |

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO : Assistant Commissioner for Patents, Washington, DC 20231.